

R590. Insurance, Administration.

R590-271. Data Reporting for Consumer Quality Comparison.

R590-271-1. Authority.

This rule is promulgated pursuant to Subsections 31A-2-216 and 31A-22-613.5 wherein the commissioner is directed to educate consumers and to adopt a rule for purposes of reporting transparency information.

R590-271-2. Purpose and Scope.

- (1) The purpose of this rule is to:
 - (a) define terms;
 - (b) define the methodology for determining and comparing insurer transparency information;
 - (c) provide the data and format for submission to the commissioner; and
 - (d) provide the date the information is due.
- (2)(a) This rule applies to all health benefit plans issued or renewed on or after January 1, 2015.
- (b) This rule does not apply to an insurer whose health benefit plans cover fewer than 3,000 individual Utah residents.

R590-271-3. Definitions.

In addition to the definitions in Sections 31A-1-301, the following definitions shall apply for the purpose of this rule:

- (1) "Electronic Data Interchange Standard" means the:
 - (a) the standards developed by the UHIN Standards Committee at the request of the commissioner; and
 - (b) others as adopted by the commissioner by rule.
- (2) "SFTP" means the Secure File Transfer Protocol.
- (3) "UHIN" means the Utah Health Information Network.
- (4) "UHIN Standards Committee" means the Standards Committee of the UHIN.

R590-271-4. Reporting Requirements.

(1)(a) The commissioner has convened a group, as identified in 31A-22-613.5(4)(a), to develop information for consumers to compare health insurers and health benefit plans. As a result of the group's work, the commissioner adopts the following UHIN electronic data interchange standards developed and adopted by the UHIN Standards Committee, which are hereby incorporated by reference with this rule and are available for public inspection at the department during normal business hours, at www.insurance.utah.gov, or at www.uhin.org:

- ~~[(a)]~~ (i) the Transparency Administration Performance Standard, version 1.2; and
- ~~[(b)]~~ (ii) the Transparency Denial Standards, version 1.1~~2~~.
- ~~[(2)(a)]~~ (b) (i) Beginning on April 1, 2016, and each year thereafter, an insurer shall submit the reports referenced in R590-271-4(1)(a) (ii) to UHIN in an electronic data interchange standard which includes data for the previous calendar year.
- ~~[(b)]~~ (c) Each report shall include data for both paper and electronic claims combined.

~~[(3)]~~ (d) Submission format, procedures and guidelines are described in detail in the adopted transparency standards published by UHIN.

(2) Beginning on July 1, 2016, and each year thereafter, an insurer shall comply with the reporting guidelines, procedures and format of R428-13 and submit to the Utah Department of Health Office of Health Care Statistics, the Healthcare Effectiveness Data and Information Set, HEDIS, data for the preceding calendar year.

R590-271-5. Records.

The commissioner finds the data submitted to the commissioner in the Transparency Administration Performance Standard and the Transparency Denial Standards to be considered a public record as defined in Section 63G-2-103 for the purpose of display on:

(1) the Health Insurance Exchange as described in Section 63M-1-2505, avenueh.com;

(2) the department's website, insurance.utah.gov; and

(3) the department's transparency website, healthrates.utah.gov.

R590-271-6. Penalties.

A person found to be in violation of this rule shall be subject to penalties as provided under Section 31A-2-308.

R590-271-7. Enforcement Date.

The commissioner will begin enforcing this rule 45 days from the rule's effective date.

R590-271-8. Severability.

If any provision of this rule or its application to any person or circumstances is for any reason held to be invalid, the remainder of the rule and the application of the provision to other persons or circumstances shall not be affected thereby.